

Psychological Impact of Society on the Choice of Family Planning Method Used By Women in Fort Portal Regional Referral Hospital Fort Portal District

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ABSTRACT

The study aimed to evaluate the psycho-social factors influencing the use of family planning among women of reproductive age in Fort Portal District. It aimed to understand the impact of society, peer pressure, and adolescence involvement in modern family planning methods. A cross-sectional study was conducted, with respondents being females of reproductive age seeking family planning. Descriptive statistics were used to provide general characteristics of the data, while quantitative data was explored to identify outliers. The study found that 50% of mothers were satisfied with their last use of artificial family planning methods, indicating they were not influenced by health concerns but by personal preference and reason for using such methods. The study concluded that facility-related factors, such as the friendliness of healthcare providers, positively influenced the utilization of artificial family planning methods.

Keywords: psychological impact, society, family planning, women

INTRODUCTION

Globally, there are over 1.8 billion young people and almost 90% of them live in low- and middle-income countries. Most of these young people start to explore sexual activities between the ages of 15 to 24 years [1].

Furthermore, most young people become sexually active by their 20th birthday world wide and 75% of young women in sub-Saharan Africa report engaging in sex by 20 years [2].

Studies have shown that those who engage in early sexual relations are at risk of having unwanted pregnancy and sexual transmitted infections. The prevalence of unintended pregnancies, unsafe abortions, maternal mortality, injuries and sexually transmitted infections including HIV in middle income countries is very high with 4200 girls and young women being infected weekly [3].

In addition, every day. More than one million women get infected with sexually transmitted infections worldwide

therefore demonstrating the need for modern contraceptive methods.

On the other hand, around 16 million adolescent's girls 15 to 19 years give birth annually contributing to more than 10% of total delivers globally [4].

The reproductive options of women have a vast effect on their education, employment opportunities and general transformation into adulthood.

Studies show that utilizing family planning services is good for women's health as well as a novel idea as an HIV prevention strategy [5].

More over providing contraceptives to women to prevent babies born with HIV is viewed as more cost effective than providing nevirapine for mothers with HIV attending antenatal care.

Available literature shows that generally young people who are sexually active and are not married may not want to get pregnant until a certain age [6].

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Inspire of those facts the rate contraceptive utilization in sub-Saharan Africa is paged at 21% of women in general with even lower contraceptive use prevalence rate in adolescent girls.

There has been arrange of service delivery strategies utilized to distribute family planning service to under privileged groups like the youth in low- and middle-income countries [7].

The common strategies used to deliver family planning include health posts, health units, health Centre's hospitals and commonly based distribution that encompasses commercial retails gate, door to door service delivery and distribution at the work places.

The facility - based model. Provide family planning services among public health worker who live within the communities. These can provide the same service which is personal and culturally oriented further

more utilization of modern contraceptive services is advantages since it provides medically complex methods such as intrauterine contraceptive devices, normal implants and sterilization. Such professionally staffed and quality approved services are important and safe for the use of communities [8, 9].

The population of Uganda has been estimated to be at 34.6 million in 2014 and projected to increase to 39.1 million and 40.3 million in the years of 2018 and 2019 respectively. And it is estimated that the proportion of women aged 15 - 49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproduction by [10] is approximately 58.5%. However past studies have shown a low uptake of contraceptive methods and high unmet needs in Uganda.

METHODOLOGY

Study design

This study used a cross-sectional study that shall use quantitative data collection methods [11].

Study area

The study was conducted in Fort Portal Hospital, Fort Portal District in western Uganda.

Study population

The study population comprised of females of reproductive age who are coming for family planning.

Inclusion criteria

Women using modern contraceptive
Women of reproductive age
Women who are sexually active

Exclusion criteria

Women not attending family planning
Women already in menopause
Males of all ages

Samples size determinations

Kish Leslie's (1965) formula;

$$n = z^2 p (1-p) / E^2$$

n - Estimates minimum sample size required

p - Proportion of characteristics of a sample

z - 1.95 (or 95% confidence interval) according to normal tables [10]

e- Margin of error set at 5%

$$n = 1.95^2 \times \text{-----} (1 -) 0.05$$

Sampling procedures

For the obstetric staff selection was using purposive sampling since they contribute to an extent to the participants' choice of contraceptive. Participants were selected via stratified random sampling sub groups in the patients are made based on age groups. Eventually the selection was made based on the identified sub groups.

Data analysis

The SPSS Version 20.0 to be used for data entry, cleaning and analysis.

Descriptive statistics were done to provide general characteristics of the obtained data. Quantitative data was explored to check for any outliers by running frequencies, means, dispersion and cross tabulation to ensure correct data has been entered. Bi-variety analysis to be used to identify the significance in the correlation between modern contraceptive use and other associated factors. The association between contraceptive use and peer influence was determined using chi square tests with a level of significance set a $p < 0.05$.

Ethical consideration

This research proposal was approved by our department. The head of department (HOD) will formally issue out a permission letter required by the

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researcher to conduct this study in the health Centre. An introduction letter to the LCI chairman of Fort Portal was got before the commencement of this study. A confirmation letter from the head of hospital and that of the head of department for obstetrics and gynecology was required. The study ensured that the

participant's information remains confidential [12]. Informed written consent was received from the research participants. The study participants culture, religion, values and beliefs were put into consideration during the commencement of data collection.

RESULTS

Table 1 showing respondent's bio data of the study participants

Demographic variable		Frequency (n)	Percent (%)
Level of	Primary	20	40
	Secondary	23	46
	Tertiary	5	10
	None	2	4
Monthly income	1-100,000	18	36
	100,001-200,000	24	48
	200,001-300,000	4	8
	>300,000	4	8
Age (years)	15-20	6	12
	21-25	14	28
	26-30	19	38
	31-35	6	12
	36-40	5	10
Marital status	Single	4	8
	Married	44	88
	Divorced	2	4

Research study results indicated that most 23(46%) Had secondary education whereas 2(4%) had attained the tertiary education. Also research study finding revealed that the almost a half 24(48%) of mothers earned monthly income between 100,001-200,000 whereas only 2(4%) earned above 300000 thousand shillings monthly.

Also, research study finding showed that more than a third 19(38%) of mothers were aged between 26-30 but least 5(10%) were aged 36-40 years. Furthermore, research findings revealed that most 44(88%) of mothers were married whereas the least 2(4%) were divorced.

Table 2 showing number of children and whether a mother ever used an artificial family planning method

n=50			
Character	Variable	Frequency(f)	Percent (%)
Ever used an artificial a family planning	Yes	36	72
	No	14	28
method have you heard of	Intrauterine device	14	28
	Condom	20	40
	Pills	12	24
	Injections	4	8
Ever used an artificial a family planning	Yes	36	72
	No	14	28

Research study findings revealed that most 20(40%) had 3-4 children whereas the least 4(8%) had above 6 children. Also, results showed that more than two thirds

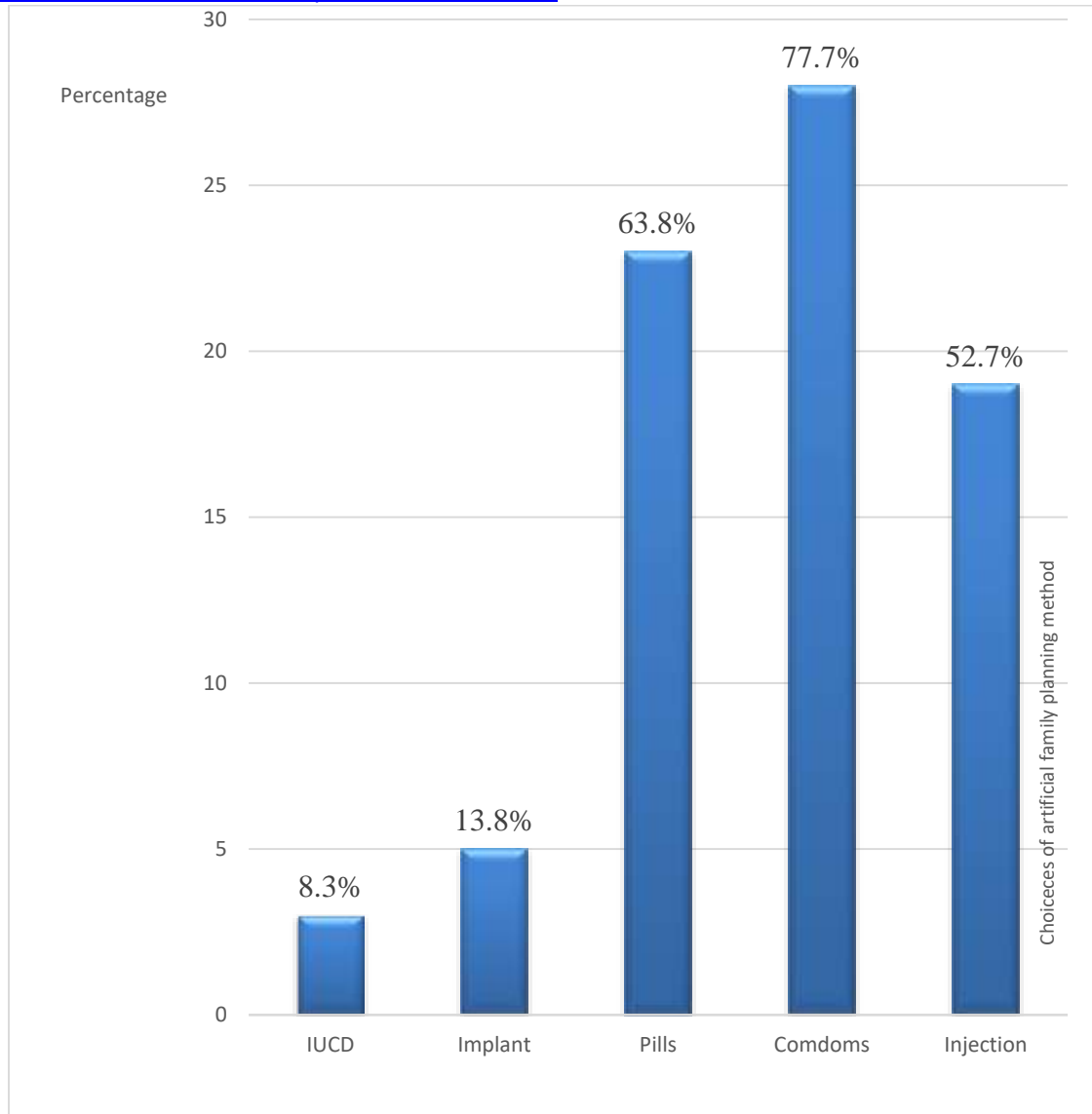
36(72%) had ever used a family planning while few 14(28%) had never used a family planning method.

Table 3 showing the best and worst thing about your family planning

n=50			
Character	Variable	Frequency(f)	Percent (%)
The best thing about your family planning	Unwanted pregnancies can be reduced	14	28
	Modern methods like condoms help to reduce sexually transmitted diseases and HIV/AIDS	20	40
	They are good for births controls	12	24
	Reduces stress	4	8
The worst thing about the family planning	Mothers that needed short term contraceptives could mostly fail to get them from health facilities hence adopted long term methods to avoid inconveniences	36	72
	Long waiting time are also major hindrances to choices of contraceptives that require sterility	14	28

Research study findings revealed that most 20(40%) argued that modern methods like condoms help to reduce sexually transmitted diseases and HIV/AIDS whereas the least 4(8%) showed that it reduces stress. Also, results showed that the worst thing about the family planning almost more than two

thirds 36(72%) revealed that mothers that needed short term contraceptives could mostly fail to get them from health facilities hence adopted long term methods to avoid inconveniences while few 14(28%) showed that long waiting time are also major hindrances to choices of contraceptives that require sterility.



***Asked to only those that had ever used an artificial family planning method.**

Figure 1 showing how many types of modern family planning methods have you used

Research study findings revealed that the most 28(77.7%) of mothers had ever used

a condom, while the least 3(8.3%) had ever used an intra-uterine copper device.

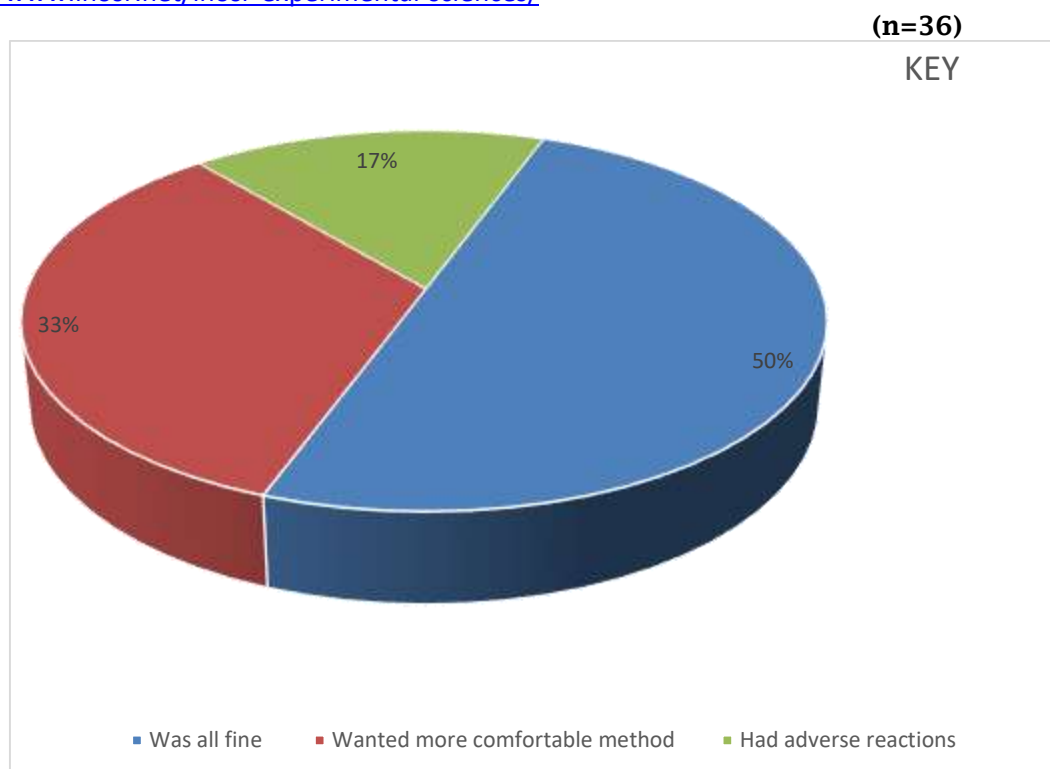


Figure 2 showing reactions of mothers that the side effects affect your use of modern family planning

Research study finding indicated that the most 18(50%) of mothers were all fine throughout their last time they had used a

family planning method while the least 6(16.7%) had had adverse reactions with the previous method.

Table 4 showing most influences of choice when trying to decide which family planning method to use and whom do they feel more comfortable discussing family planning methods

		n=36	
Character	Variable	Frequency (n)	Percent (%)
Most influences your choice when trying to decide which family planning method to use.	Myself	13	36.1
	My friends	11	30.5
	Religious leaders	4	11.1
	Advertisements	4	11.1
	Family members	5	13.8
Who do you feel more comfortable discussing family planning methods?	Friends	7	19.4
	Family	8	22.2
	Health workers	5	13.8
	No one	16	44.4

Research study findings revealed that more than a third 13(36.1%) of mothers influenced themselves on the choice of family planning methods whereas the

least 4(11.1%) were influenced by advertisement. Furthermore, findings also revealed that the most 16(44.4%) of mothers felt comfortable when not

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discussing family planning methods with any other person following a family's

advice while other few 5(13.8%) it was by health workers.

Table 5: showing source of information on artificial family planning, needs for husband's approval of artificial family planning, and consideration for protection against STIs

n=50			
characteristics	Variable	Frequency (n)	Percentage (%)
Got information on artificial family planning method	Yes	50	100
	No	00	00
source of information on artificial family planning	Radio	10	20
	Newspapers	4	8
	Relative/friend	23	46
	Health worker	17	34
Need husbands' approval on artificial family planning methods?	No	19	38
	Yes especially long term methods	27	54
	Yes especially short term methods	4	8
Consideration of STIs protection	Yes	21	42
	No	29	58

Research study finding revealed that all 50(100%) of mothers had ever heard about artificial family planning where most 23(46%) had got their information from their friends/relatives whereas the least 4(8%) had got the information from newspapers.

Also, findings revealed that the, most 27(54%) of mothers needed their husbands' approvals especially if they are

to use long term artificial family planning methods whereas the least 4(8%) only needed husbands' approval of a short-term artificial family planning method.

Findings showed that the majority 29(58%) of mothers did not consider protection against STI while choosing a family planning method although the least 21(42%) did.

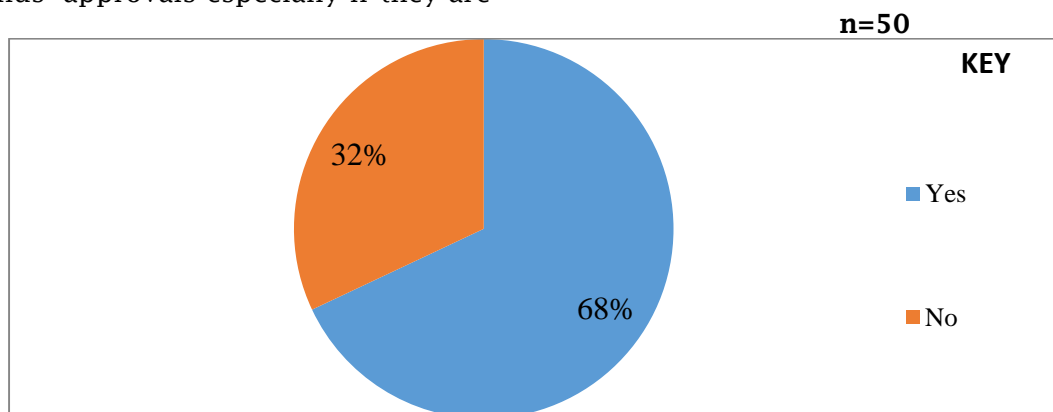


Figure 3 showing whether mothers would not use some artificial family planning methods even when they are the ones they are advised to use.

Research study finding revealed that two third 34(68%) of mothers said that they had some artificial family planning they

had decided never to use while only 16(32%) did not have.

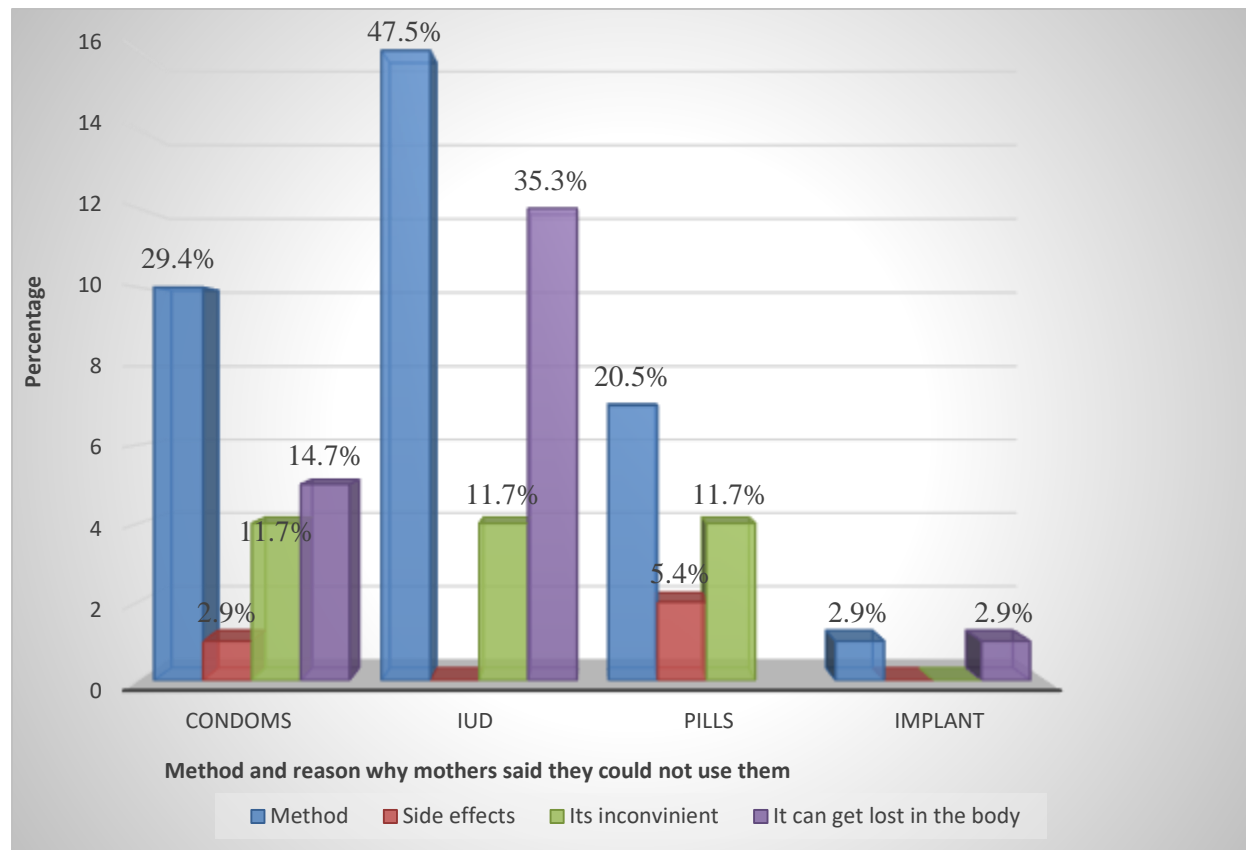


Figure 4 showing reasons why mothers had decided never to use some artificial family planning methods

Findings revealed that most 16(47.5%) of mothers said that they would not use IUD, reasons given for mothers unwillingness

to use the method being majority 12(35.3%) of mothers that feared that it can get lost into the body.

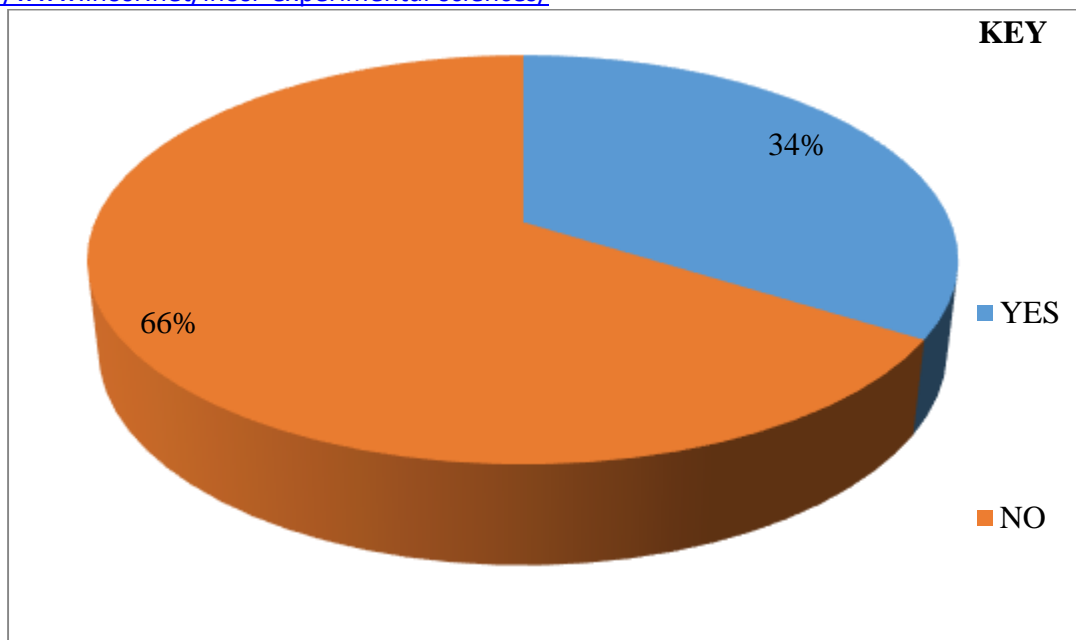


Figure 5 showing whether mothers got artificial family planning methods whenever they needed.

Findings revealed that two thirds 33(66%) of mothers had never failed to get an artificial family planning method of their choice from the facility when they ever

asked for one while the least 17(34%) reported to have failed to get their contraceptive choice when they needed it from the facility.

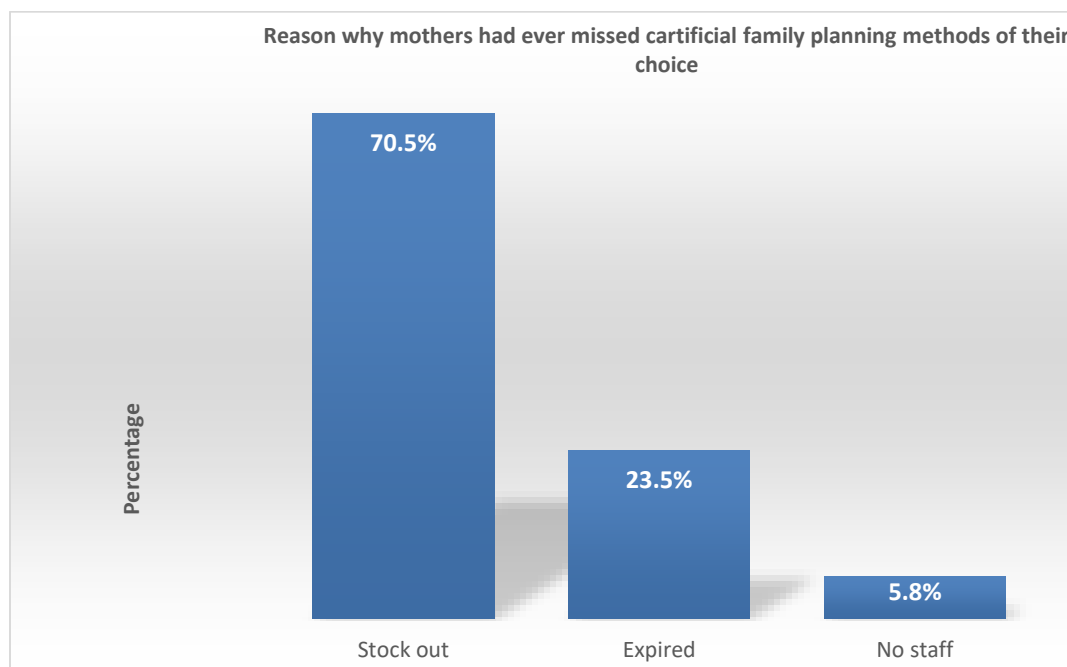


Figure 6 showing reason why mothers missed getting contraceptives of their choice from the facility

Research study finding revealed that majority 12(70.5%) had missed the

artificial family planning method while it was out of stock, the least 1(5.8%) said

that there was no technical personnel to apply the artificial family planning

method of her choice to her.

Table 6 showing counseling commitment for health workers, constancy in supply of all choices, reasons for any inconsistency to access contraceptives, and behavior of health workers to mothers seeking artificial family planning methods

Character	Variable	Frequency (n)	Percent (%)
Whether health workers always counsel mothers on artificial family planning n=50	No	35	70
	Yes	15	30
All artificial methods are accessible at any time a mother wants them n=50	Yes	13	26
	No	37	74
When artificial family planning methods are not consistently accessible n=37	Weekends and public holidays	25	67.5
	Evening hours	12	32.4
Conduct of Health workers offering artificial family planning n=50	Most are friendly	27	54
	Most are not friendly	2	4
	All are friendly	21	42

Research study finding revealed that two thirds 35(70%) of mothers reported that they did not usually get counseling from health workers on choice of artificial family planning method to use, while the least 15(30%) got health workers counseling on choice of artificial family planning. Findings further revealed that most 37(74%) of mothers said that at the facility, artificial family planning methods of all choices could not be accessible any time a mother wanted them, most common reason given by mothers for

times when their choice of artificial family planning could not be accessed most 25(67.5%) being weekend whereas 12(32.4%) said that they could not easily access their choice contraceptives in evening hours.

Findings also revealed that most 27(54%) of mothers said that health workers that offered artificial family planning methods were mostly friendly to mothers whereas only 2(4%) said that they were mostly unfriendly.

DISCUSSION

Research study results indicated that the most 23(46%) had secondary education which could be as influence of current system of Uganda's education where secondary education is free, in education, reproductive health issues are discussed in hence wider rangers of contraceptives talked about which gives these knowledge and likelihood of using variety of choices uniformly. The finding is similarly to [13] study in African countries where Secondary or higher educational attainment was more likely to be associated with of use of modern artificial family planning methods uniformly.

Research study finding revealed that the majority 24(48%) of mothers earned between 100,001-200,000 which could be a true representative of the Ugandans

population where most families live below poverty line, with limited resources, there are limited choices in artificial family planning methods in favor of cheap and locally available ones that do not need any financial implication to the mother hence likely to end up choosing freely and cheap offered methods in pills and condoms unlike long term methods where some facilities require some money from mothers for insertion and removal. The finding is similarly to [14] whose study found out that in Kenya, average monthly income of less than 5,000, were the least utilizers of artificial family planning services.

Also, research study finding showed that most 19(38%) of mothers were aged between 26-30 which could be because,

these being the middle reproductive age, are the ones actively producing hence seeking artificial means for spacing children rather than seeking to completely stop producing commonly seen in aging mothers. These are likely to choose hormonal short term artificial family planning methods like condoms, injections, among others that allow them to produce anytime they chose to stop them than permanent and longer-term methods. The finding is contrary to [15] study in Gujarat, India which found out that female permanent method and long-term methods like sterilization and intrauterine devices was mostly utilized by women older than 30 years and above compared to their younger counterparts, which they said that they have reached the maximum number of children they wanted.

Furthermore, research findings revealed that the most 44(88%) of mothers were married which indicate that these have sexual active lives hence could benefit from constantly reliable artificial family planning methods, however among married mothers, concerns of STIs protection is given less concerns since they are presumed to have sexual intercourse with their benefited spouses hence unless faithfulness is breached, these are likely to consider contraceptive pills with less concern for STIs prevention potential like pills, injectable among others contrary to findings by [16] in Khartoum which revealed that due to risk of HIV among the unmarried women, there were altered context of contraceptive choice among the unmarried where short term methods like Condom was the leading choice among unmarried youth

Research study findings revealed that the most 20(40%) had 3-4 children which could be because they were younger age. These are below Uganda's average rate of fertility which projects 6 children per average woman hence showing that these could still be still wanting to produce more children hence likely to utilize short term non-permanent artificial family planning methods. The finding is similarly to [17]. Study In Uganda which

had earlier found Injectable and IUCDs preferred by the young or low parity women, while permanent methods were preferred by the older or high parity women.

Also, results showed that the most 36(72%) of mothers had ever used an artificial family planning method where most 28(77.7%) of mothers had ever used a condom, which could be because, they knew the importance of contraceptive in reproductive health including proper spacing of children and avoiding challenges related to unwanted pregnancies, condoms are most used because they are easily affordable where government facilities distributes them freely and also are sold in private sectors at affordable prices, in addition to the above, they are also easily to use and they can be worn by either a male or female making them much more flexible than most other choices hence reason why mothers used them. The finding is contrary to [18] cross-sectional study in Kenya which revealed that more than 70% of women aged 15-49 has at least ever used an artificial family planning method whereby largest percentage (36%) had ever used a an injectable as an artificial family planning method.

Research study finding indicated that the most 18(50%) of mothers were all fine throughout their last time they had used an artificial family planning method which indicate that these are not forced by their health concerns which choice they utilize rather than their personal preference and reason for artificial family planning method hence can tolerate wider rangers of artificial family planning methods. The finding is contrary to [19] study in Gothenburg which found out that 64% of women chose long term artificial family planning methods over short term on condition that they had less side effects.

Furthermore, research study findings revealed that the most 16(44.4%) of mothers had chosen current method following a friend's advice which indicate choice based on other persons views without technical benefits from the health care professional person. Friends and

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relatives of mothers have limited knowledge regarding contraceptive varieties, best choices for reasons mothers may want to achieve hence limit choices according to what they themselves know about one particular method without gauging better merits in other choices, these are likely to use contraceptive no uniformly. The finding is contrary to [20] study in 11 European countries, which found uniform use of all contraception methods by all women (87%) that had ever been counseled on choices by health workers unlike those that had never got family planning choices counseling.

Also findings revealed that the, most 27(54%) of mothers needed their husbands approvals especially if they are to use long term artificial family planning method, this could be because, husbands are integral part of family decisions hence in case a husband is not comfortable with an artificial family planning, mothers may not take any or be enticed to utilize short term reversible methods like injections, pills that leaves them without any

The findings revealed factors influencing utilization of artificial family planning methods among mothers of reproductive age attending Fort Portal Regional Referral Hospital, Fort Portal District being demographic, individual related as well as facility related factors. Demographic factors that positively influenced utilization of artificial family planning methods were relatively high level of formal education and marital status most being married, while the negatively influencing uniform choices were low income, young age of mothers below 30 years.

Individual factors that positively influenced utilization of artificial family planning methods were tolerance to contraceptives without side effects and making choices without consideration for UTI protection while negatively influencing factors were having few children hence still wanting to produce, having choices based on friends advice but not after health worker counseling, most having got information about

evidential mark unless agreed upon with their husbands. The finding is similarly to [21] study in five European countries where long term methods like intra uterine devices, Jadella implants among others were less commonly chosen by married women due to the fact that they needed husband's approval for a woman to utilize them.

Findings also revealed that most 27(54%) of mothers said that health workers that offered all kinds of artificial family planning methods were mostly friendly to mothers which could be because of code of ethics and moral shaping commonly known among the health workers, this could encourage mothers to freely choice contraceptives of their choice without fear factors influence of rudeness of health workers hence leading to uniform distribution of choices. The finding is similarly to [22] study in central Uganda which found out that friendliness of service providers was key to a choice and utilization of artificial family planning methods.

CONCLUSION

contraceptives from friends and the need for husbands approval before taking an artificial family planning method.

Facility related factors that positively influenced utilization of artificial family planning methods included friendliness of artificial family planning health care providers, while those negatively influencing utilization of artificial family planning methods included stock out of some artificial family planning methods wanted by mothers and inconsistency in opening time for artificial family planning mostly in weekends and evening hours.

Recommendation

Mothers seeking to utilize artificial family planning methods to always ask advice from health workers in order to be uplifted in making decisions that are knowledge based so as they have choices of maximal benefits.

Administration of Fort Portal Regional Referral Hospital, Fort Portal District to avail artificial family planning methods at all the time including weekend and evening hours so that mothers with

urgent needs for the contraceptives in such times can still access them at their

convenience.

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